

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	1			101		1
2							52		①		102		1
3							53	1			103		
4							54		2		104		
5							55		2		105		
6							56		2		106		
7							57		2		107		
8							58		2		108		
9							59		2		109		
10							60		2		110		4
11							61		①		111		4
12							62		①		112	1	
13							63		①		113		
14							64		①		114		
15							65		①		115		
16							66		①		116		
17							67		①		117		
18							68		①		118		
19							69		①		119		
20							70		①		120		
21	1						71		①		121		
22							72		①		122		
23							73		①		123		
24		①					74		①		124		
25							75		①		125		
26	1						76	1			126		
27							77						
28							78		①				
29							79		①				
30							80			1			
31							81						
32							82						
33							83						
34							84			1			
35							85						
36							86						
37							87						
38							88			①			
39							89						
40							90						
41							91			1			
42		①					92						
43							93						
44							94						
45							95						
46							96			1			
47							97				2		
48	1						98				3		
49							99				1		
50		2					100				2		
TOTAL IND.	14		10				TOTAL IND.						
TOTAL DEP.	02		39				TOTAL DEP.						
TOTAL CLAIMS	86		49				TOTAL CLAIMS						